

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

SAFE RIDERS LLC

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2019 - 99 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned, and should be entered above.

(Please type or print)

Submitted by: JATAWA MONEEKE WATSON

Telephone: 912-332-8004

Address: 914 BAKERSFIELD RD.

Fax:

COLUMBIA SC 29210

Other:

Email: wmonecke@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Request for Name Change on Certificate

☐ Application - Class C Taxi

☐ Request to Amend Scope of Authority

☒ Application - Class C Charter

☐ Request to Amend Tariff (rate increase, etc.)

☐ Application - Class C Charter Bus

☐ Request to Amend Passenger Limit

☐ Application - Class C Non-Emergency

☐ Request

☐ Application - Class C Stretcher Van

☐ Exhibit

☐ Application - Class E Household Goods

☐ Late-Filed Exhibit

☐ Application - Class E Hazardous Waste

☐ Letter

☐ Application

☐ Proposed Order

☐ Request for Extension to Comply with Order

☐ Publisher's Affidavit

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Reservation Letter

☐ Request for Cancellation of Certificate

☐ Response

☐ Request for Suspension

☐ Return to Petition

☐ Request for Reinstatement

☐ Other:

RECEIVED

MAR 11 2019

PSC SC
MAIL / DMS

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100

Columbia, South Carolina 29210

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

Date: 3-5-19

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. SAFE RIDERS LLC

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

914 BAKERS FIELD RD COLUMBIA SC 29210

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

912-332-8004

Phone

Fax

wmoniecke@gmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and addresses of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	<input type="text"/>	Mortgage/Loan on Real Estate	<input type="text"/>
Value of Motor Vehicles	<input type="text" value="3500.00"/>	Loans Owed on Motor Vehicles	<input type="text"/>
Cash on Hand	<input type="text" value="1000.00"/>	Business/Other Loans Owed	<input type="text"/>
Cash in Bank	<input type="text" value="0.00"/>	Other Liabilities or Debts	<input type="text"/>
Value of Other Assets and Equipment	<input type="text" value="300.00"/>	Total Liabilities	<input type="text"/>
Total Assets	<input type="text" value="4800.00"/>		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges: See attachment. (at the back of paperwork)

Rates will vary 1.50 to 3.00 per mile and additional charges for Exclusive Services. Daily Commute During start-up will be within 20 mile radius. Looking to extend with future services.

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☒ 1-7 Passengers, including driver

☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
HONDA	08 ACCORD	1HGCP26378A087909	est. 3500lb
Start up vehicle is subject to change if application is approved. (OR similar) I will use an car I own to start up and advance to Van-minivan within 30 days of approval.			

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE

The following insurance quote is for: Please see attachments Online Quote Attached

Name of Applicant

Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ _____ Limits _____

The above quoted premium is for a term of _____ months.

Minimum Limits - Intrastate Only:

1-7 Passengers* \$ 25,000/50,000/25,000

8-15 Passengers* \$ 25,000/100,000/25,000

* Passengers = Number of seatbelts in the vehicle,
including the driver's seatbelt

Name of Insurance Company

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

JATAWA MONEEKE WATSON

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☐ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☒ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

John J. Watson
Applicant's Signature

Owner
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF _____)

SWORN TO BEFORE ME
This _____ day of _____, 20____

Lris McDowell
Notary Public

Commission Expires *August 18th 2024*

Print Application



For assistance please call us at 1-877-263-0637

Skip Navigation

NEED HELP?Speak now with a licensed
Insurance agent.

or call us 24/7:

1-888-892-5420

Annual Policy Rate Plans

Quote #: 391106735

100% Complete

Start Annual Policy Today For:

\$508.00 / downpayment
(Then \$171.67 per month for 9 months)

Pay In Full Today:

\$1769.00 / year
(Save \$ 257 by paying in full)

Vehicles Add / Remove

2008 HONDA ACCORD

Trailers Add**Drivers** Add / Remove

JATAWA WATSON

Business Details**Business Owner Information****Rates And Coverages**[Print Your Quote](#)[Save Your Quote](#)**Call 1-877-263-0637 to Buy Your Policy.**

A licensed insurance agent is ready to help you now.
Rates are based on coverages of businesses similar to yours including **\$257 in discounts**.
Fees may be included in the amount shown.

Customize your coverages below to create an apples to apples comparison of your current policy.**Basic Policy**

Bodily Injury and Property
Damage Liability: \$25,000 person / \$50,000 accident / \$25,000 property ▼

Uninsured Motorist Bodily
Injury: \$25,000 person / \$50,000 accident ▼

Underinsured Motorist
Bodily Injury: \$25,000 person / \$50,000 accident ▼

Additional Coverages

Uninsured Motorist Property
Damage: \$25,000 with \$200 Deductible
Underinsured Motorist
Property Damage: \$25,000 with \$0 Deductible
Medical Payments: \$500 each person ▼

Comprehensive: \$500 Deductible / \$0 Glass Deductible ▼

Collision: \$1,000 Deductible ▼

Other coverages for your commercial vehicles.

Please call us to talk to a licensed agent about adding these coverages to your quote:

- Rental Reimbursement Coverage
- Roadside Assistance Coverage

State filings are available upon request.

Start Annual Policy Today For:

\$508.00 / downpayment
(Then \$171.67 per month for 9 months)

Pay In Full Today:

\$1769.00 / year
(Save \$ 257 by paying in full)

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

SAFE RIDERS LLC, a limited liability company duly organized under the laws of the State of South Carolina on February 15th, 2019, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 15th day
of February, 2019.


Mark Hammond, Secretary of State

Feb 15 2019
REFERENCE ID: 287813

STATE OF SOUTH CAROLINA
SECRETARY OF STATE


SECRETARY OF STATE OF SOUTH CAROLINA

ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

SAFE RIDERS LLC

*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "LLC", "LLC", "LC", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is
914 Bakersfield Rd

(Street Address)

Columbia, South Carolina 29210

(City, State, Zip Code)

3. The initial agent for service of process is

Jatawa Moneeke Watson-Mason

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:
914 BAKERSFIELD RD

(Street Address)

Columbia

South Carolina 29210

(City)

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

Jatawa Moneeke Watson-Mason

(Name)

914 Bakersfield Rd

(Street Address)

Columbia, South Carolina 29210

(City, State, Zip Code)

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Feb 15 2019

REFERENCE ID: 287813

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

SAFE RIDERS LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time _____.

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Feb 15 2019

REFERENCE ID: 287813


SECRETARY OF STATE OF SOUTH CAROLINA

SAFE RIDERS LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Jatawa Moneeke Watson-Mason

Signature of Organizer

Date: 02/15/2019

Signature of Organizer

Date: _____

SAFE RIDERS LLC

SAFE RIDERS LLC will provide rides for K-12 passengers in the initial start up. Future separate rides for College Student transport. Rates will average from 1.50 to 3.00 per mile. Rate plans will be set up as an example provided below of the service that will be offered for transportation request. Rates are subject to increase for exclusive services in addition to regular delivery to include walk in and out service, stay and wait services, doctor appointments, summer transport services, message alerts, etc.

Special summer time rates are factored on an individual basis starting at 15.00 and up per ride. Package rates are available please call for details.

Please note that the pricing below pertains to school year contracts only.

There are five types of payment structures: Single one- way weekly rides, round-trip rides, (3,4,5 day contract rides) , family, and carpool rides.

Single Rides/ pay-as-you-go

This option lets you pay per ride. This is ideal for 1 to 2 day rides per week. (Prices will vary depending on locations).

PRICE: \$ 20+/- ride one-way

\$30+/- round-trip {0-10 miles Ex: 20.00 one way or 30.00 round trip} (11 miles-20 will be an additional charge)

Weekly Rates : A one way ride upto three, four, and five days a week packages. Two days a week or less are counted as single rides (mentioned above). (Contract basis only)

PRICE/ MILES: (3-5 one way rides per week)

EXAMPLE: (0-5 miles) \$10.00 one-way

Base Rates

0-5 Miles (\$10.00) per-day/ one-way

6-10 Miles (\$15.00) per-day/ one-way

11-16 Miles (\$20.00) per-day/ one-way

17-20 Miles \$(25.00) per-day/ one-way

Limited time Special for One Way Rides

If paid in full for the Month on the 1st of each month a 10% discount will be given.

Round Trip Rides: If you need both drop off and pick up , see the Round Trip package below. (Contract Basis Only)

PRICE/ MILES: (3-5 round-trip-rides-per-week)

Base Rate**0-5 Miles (\$20.00) per-day/ round-trip****6-10 Miles (\$30.00) per-day/ round-trip****11-16 Miles (\$40.00) per-day/ round-trip****17-20 Miles (\$50.00) per-day/ round-trip****3 day Round trip will be billed at the Base Rate charge.****4 Day Round trip will receive a 5% discount for the total weekly charge.****5 Day Round trips will receive a 10% discount for the total weekly charge.****Monthly payments paid in advance on the 1st of each month will receive a 15% discount off for the monthly charges.****EXAMPLES:****A) (0-5 miles) (Morning service + Afternoon service) = \$20.00 round trip per day 3 day plan (0-5 miles) $20+20+20= 60.00$ weekly (Pre-Paid service)****B) 4 Day at 5% discount applied (0-5 miles)****4 day plan (0-5 miles $20+20+20+20= 80.00$ weekly (Pre-Paid service).... $80*5\%=76.00$ weekly****C) 4 Day(0-5)miles paid 1st of each month in advance full payment would be {80* # of weeks (example 4 weeks)}=\$320.00** **$\$320*15\%=48$ discount.... $320-48=_\$272.00$ monthly payment****Family plans will be an additional 5.00 per one way and 10.00 round trip per child. Not to exceed 3 minor Max at this rate. (NO ADDITIONAL DISCOUNT WILL BE CONSIDERED ON CAR POOL PLANS) (BILLED AT BASE RATES ONLY) Additional fees will apply if more than 3 children per family pick up. {exception: Applies to 0-5 mile distance between drop off points for school/ day care only} Pick up for morning and evening drop off will have to be at the same location. (Additional charges will apply outside of contract plans at this rate.)****EX: 1st child 5 day contract rate within 5 mile radius is \$20.00 per day round trip. The parent has 2 others siblings to add to the family plan. The rate would then be $\$20.00+ 10.00(2nd)+ 10.00(3rd)=40.00$ for (3 sibling max) per day for the 5 Day contract plan for the family. Weekly fee due prior to the Pickup week would total = $\$200.00$ for this family (3 siblings) pick up and drop off for a full week.**

Car Pool rates will be an additional \$8.00 per one way and \$12.00 per round trip the total fee can be split among paying parties not to exceed 3 person limit. All parties will receive pick up and drop off at the same delivery location agreed upon. No exceptions in this package. (NO ADDITIONAL DISCOUNT WILL BE CONSIDERED ON CAR POOL PLANS) (BILLED AT BASE RATES ONLY)

EX:Parent at 101 A street wants to carpool with parents who have 1 child per resident at 102 A and 103 A street. This will be a max of 3 kids which will be within the carpool limits. {Ex: 3 Day contract plan within 10 miles one way. Rate for 1st child \$15.00+ 2nd(8.00)+ 3rd child (8.00)= Total charge per day 31.00 and 93.00 per week. This total can be split among the 3 parties at a rate of 31.00 per parent for the week.}

Rates are subject to change with 30 day notice not to exceed max 3.00 per mile rate for basic transportation needs. Exclusives and extra services will be additional charges.